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WELCOME BACK

The Office of Public Instruction's HIV/AIDS Education Program would like to welcome you back to school. We hope that you had a very relaxing and enjoyable summer and you are eager to begin another year of educating youth in Montana schools.

We are available to assist you in whatever capacity is necessary, and we look forward to a very productive and positive 1991-1992 school year.

1991-92 OPI HIV/AIDS REGIONAL TRAINERS

The regional training program for the HIV/AIDS Education Program is in full swing. In July, four educators from Montana schools and three educators from Montana units of higher education attended a four-day Train-the-Trainer workshop. The workshop focused on teaching strategies of HIV/AIDS education; philosophy and rationale of HIV/AIDS education; classroom activities involving students in decision-making skills; risk-behavior identification, peer pressure skills, and critical-thinking skills; technical aspects of HIV as a disease; homophobia/homosexual issues; and training design techniques. These trainers join twenty-one others already established in the OPI HIV/AIDS training program.

The trainers are responsible for conducting workshops in the area of their primary responsibility. The workshops will include many of the areas listed above and will also provide curriculum planning guides, policy information and guidelines, comprehensive school health education information and related resource information. Registration flyers will be sent to all schools clearly indicating that the planned workshop is an OPI-sponsored event and will contain imperative information concerning locations, dates and times of the workshops.

The 1991-92 HIV/AIDS workshops will now include additional benefits to all persons participating: 1) the OPI HIV/AIDS Education Program will reimburse the school district for substitute fees for up to two teachers from each district who attend an OPI-sponsored HIV/AIDS educational workshop IF a responsible district/school official (the superintendent, principal, curriculum specialist or school board member) also attends the workshop; 2) every person attending a training is eligible for .5 certification renewal credits ONLY if the participant is present during the entire training. All participants qualifying for the renewal credits will receive a certificate as proof of attendance; 3) each participant will receive OPI-developed K-12 HIV/AIDS materials concerning curricula and policy information, comprehensive school health education and resource information.

Please take advantage of the knowledge and skills of the regional trainers, and enhance your own district by taking full advantage of the benefits to further HIV/AIDS education and comprehensive school health education in Montana schools.

YOUTH RISK BEHAVIOR AND SCHOOL HEALTH EDUCATION SURVEYS

The Montana Office of Public Instruction's Health Enhancement Youth Risk Behavior Survey (YRBS) and the School Health Education Survey (SHES) were conducted during the 1990-91 school year. The results have been tabulated and are

being produced in booklet form for your convenience. The booklets will be handed out to each superintendent attending the Youth at Risk Conference and the Superintendent's Conference in Great Falls on September 10-13, 1991. All superintendents and county superintendents will be mailed a copy of the survey results after the conferences.

MONTANA RED RIBBON CAMPAIGN

The National Federation of Parents for Drug-Free Youth, Inc. (NFP) is an organization of concerned individuals dedicated to increasing the number of drug-free youth by empowering them to lead productive, healthy, drug-free lives. The Office of Public Instruction joins the Montana NFP State Affiliate, Montana Communities in Action for Drug-Free Youth and the Montana Department of Corrections and Health Services in sponsoring the Montana Red Ribbon Campaign. This year's theme is "Neighbors Drug Free and Proud."

The Red Ribbon Campaign originated when Federal Agent Enrique Camarena was murdered by drug traffickers in 1985. The Red Ribbon became the symbol to eliminate the demand for drugs, just as the yellow ribbon symbolized the demand for peace and release of hostages in war and post-war times. The Red Ribbon symbolizes a commitment to a healthy, drug-free lifestyle...no use of any illegal drug and no illegal use of a legal drug.

The Office of Public Instruction would like to extend the invitation to all Montana schools to take part in Red Ribbon Week, October 19-27, 1991, by wearing and displaying Red Ribbons during Red Ribbon Week, by attending one of the Red Ribbon Rallies in Billings (October 21), Missoula (October 22), Helena (October 23) and Great Falls (October 25) or by creating activities for your school and community.

RESOURCE MATERIALS REVIEW

Each issue of the *Communique* includes a section on resource materials that have been reviewed by a Montana educator and will contain a short synopsis on the materials. The materials are valuable to Montana administrators, educators and school nurses for use in HIV/AIDS education and comprehensive school health education. This issue's reviews:

AIDS AND THE MEDIA: A LOOK AT HOW PERIODICALS INFLUENCE CHILDREN AND TEENAGERS IN THEIR KNOWLEDGE OF AIDS, Diane Wysocki and Rebecca Harrison, Journal of Health Education, January/February, 1991, Volume 22, No. 1, 20-23.

The authors explored the magazines which are published for children and teenagers to examine the amount of accurate AIDS information that these readers might gather from published articles. It was found that in the 79 periodicals which are geared toward children and adolescents, there have been only 13 articles written about HIV/AIDS since 1983. Of these articles, only two gave accurate information about HIV and how it is transmitted or prevented.

The authors agree that adolescents remain at high risk for contracting HIV due to their sexual behaviors and drug use behaviors. These statistics are included in the article and give a chilling account of how vulnerable our teenage population is to the transmission of this disease. Judging from the fact that the

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media has been powerful in shaping the public's view of the AIDS epidemic since its beginning, we might expect that accurate reporting to children and teens would be essential. This article points out that this is not the case and that the majority of American children and teenagers are in dire need of accurate, appropriate information that will enable them to make sound choices about their lifestyles.

AN INVESTIGATION OF SCHOOL ADMINISTRATORS' BELIEFS AND THE RELATIONSHIP BETWEEN HIV AND SPECIAL EDUCATION, Marie Smith, Journal of Health Education, January/February 1991, Vol. 22, No. 1, 43-47.

With the growing numbers of children who are HIV-positive in the United States, accessible special education resources in schools for these children will become essential. This article reports on a study done with 72 school administrators to investigate their understanding of HIV as a handicapping condition, their knowledge of HIV status as related to children's educational rights, educational placement options for children with HIV, and the need for related services for children who are HIV-positive. Results indicated that while school administrators agree with the need for equal opportunity for education for students who are HIV-positive, they lacked for information about HIV/AIDS and they needed inservice in the regulations surrounding special education options for HIV-positive children.

As HIV/AIDS trainers, this article may add to our understanding of administrators' specific needs as far as promoting HIV/AIDS training within a district. Helping the administrator to have a firm understanding of the issues prevalent in having a student or staff member with HIV/AIDS will be an important component of successful training sessions.

HIV/AIDS/STD BRIEFS

According to the Center for Population Options:

- The United States bears the unfortunate distinction of having the highest adolescent pregnancy, abortion and birth rates in the developed world.
- Recent estimates: 43 percent of all adolescent girls will experience at least one pregnancy before they reach age 20.
- Approximately one-fourth of 15-year-old girls and one-third of 15-year-old boys have had sexual intercourse.
- More than one million teenage girls become pregnant in the United States each year. That is one out of every ten girls under the age of 20.
- Eighty-six percent of sexuality education instructors report teaching that abstinence is the best alternative for preventing pregnancy and STDs. One percent teach that it is the only alternative.
- As of May 31, 1991, 691 cases of AIDS among teenagers (ages 13-19) were reported to the CDC. However, more than 20 percent (35,635) of persons reported with AIDS are in their 20s. Given the ten-year period between infection and onset of symptoms, the majority of these people were probably infected with HIV during their teenage years.

MONTANA RESIDENT & NON-RESIDENT AIDS CASES*											
1. Disease Category	Adult/Adolescent			Pediatric			Total			Deaths (%)	
	Cases	(%)	Deaths	(%)	Cases	(%)	Deaths	(%)	Cases	(%)	
PCP	41	(41)	29	(71)	1	(50)	1	(100)	42	(41)	30 (71)
Other Disease w/o PCP	59	(59)	34	(59)	1	(50)	0	(0)	59	(58)	34 (58)
KS Alone	1	(1)	0	(0)	0	(0)	0	(0)	1	(1)	0 (0)
No Diseases Listed	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0 (0)
TOTAL	101	(100)	63	(63)	2	(100)	1	(50)	103	(100)	64 (63)
2. Age	Adult/Adolescent			Pediatric			Total			(%)	
	Cases	(%)	Deaths	(%)	Cases	(%)	Deaths	(%)	Cases	(%)	
Under 13	2	(2)	0	(0)	0	(0)	0	(0)	2	(2)	(8.4)
13-19	2	(2)	0	(0)	0	(0)	0	(0)	2	(2)	(2)
20-29	31	(30)	0	(0)	0	(0)	0	(0)	4	(3)	(3)
30-39	42	(40)	0	(0)	0	(0)	0	(0)	9	(9)	(9)
40-49	18	(18)	0	(0)	0	(0)	0	(0)	1	(1)	(1)
Over 49	8	(8)	0	(0)	0	(0)	0	(0)	8	(8)	(8)
Unknown	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	(0)
TOTAL	103	(100)	0	(0)	0	(100)	0	(0)	103	(100)	0 (0)
3. Race/Ethnicity	Adult/Adolescent			Pediatric			Total			(%)	
	Cases	(%)	Deaths	(%)	Cases	(%)	Deaths	(%)	Cases	(%)	
White, not Hispanic	87	(86)	0	(0)	0	(0)	0	(0)	86	(84)	(8.4)
Black, not Hispanic	2	(2)	0	(0)	0	(0)	0	(0)	2	(2)	(2)
Hispanic	4	(4)	0	(0)	0	(0)	0	(0)	4	(3)	(3)
Native American	7	(7)	2	(100)	0	(0)	0	(0)	9	(9)	(9)
Unknown	1	(1)	0	(0)	0	(0)	0	(0)	1	(1)	(1)
TOTAL	101	(100)	2	(100)	0	(100)	0	(0)	103	(100)	0 (0)
4. Exposure Category	Adult/Adolescent			Pediatric			Total			(%)	
	Males	(%)	Females	(%)	Males	(%)	Females	(%)	Males	(%)	
Homosexual or Bisexual Men	61	(62)	0	(0)	0	(0)	0	(0)	61	(61)	(61)
Intravenous (IV) Drug User	11	(12)	1	(11)	12	(12)	0	(0)	12	(12)	(12)
Homo/Bi IV Drug User	9	(10)	0	(0)	9	(9)	0	(0)	9	(9)	(9)
Hemophiliac	5	(5)	0	(0)	0	(0)	5	(5)	5	(5)	(5)
Heterosexual Contact	0	(0)	5	(56)	5	(5)	5	(56)	5	(5)	(5)
Transfusion with blood/products	0	(0)	2	(22)	2	(22)	0	(0)	2	(2)	(2)
None of the above/other	5	(5)	1	(11)	6	(6)	1	(11)	6	(6)	(6)
TOTAL	91	(100)	10	(100)	101	(100)	0	(0)	101	(100)	0 (0)
5. Pediatric	Adult/Adolescent			Pediatric			Total			(%)	
	Males	(%)	Females	(%)	Males	(%)	Females	(%)	Males	(%)	
Hemophiliac	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	(0)
Parent at risk/has AIDS/HIV	1	(100)	1	(100)	2	(100)	0	(0)	2	(100)	(100)
Transfusion with blood/products	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	(0)
None of the above/other	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	(0)
TOTAL	1	(100)	1	(100)	2	(100)	0	(0)	2	(100)	0 (0)

Source: Montana AIDS/STD Program, MDHES, through July 30, 1991.

*Includes 77 Montana AIDS cases and 26 cases reported to Centers for Disease Control from other states and who have moved to Montana.

As of July 31, 1991, there have been 305 cumulative positive HIV tests from 27,865 tests conducted through the MDHES Public Health Laboratory since 1985. Nationally, as of June 30, 1991, 182,834 cases of AIDS and 115,984 deaths have been reported to the Centers for Disease Control.

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